

EAGLE INTERNATIONAL SCHOOL

of English for Juniors

Members of English UK - Accredited by British Council

Principals: Mrs Joan Rees B.Ed. & Mr Richard Rees B.Sc.
Registered Office 'Tiami' 55 Elms Avenue Lilliput Poole BH148EE
Telephone: +44 1202 745175 Email: info@eagleschool.co.uk

School Group Name:

Date

Group Leader: Name:

Before signing this Consent Form it is important that you understand:

- 1 That whilst the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor Eagle International School, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the educational visit or journey, unless such loss, damage or injury, results from the negligence of Eagle International School or its employees.
- 2 I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In all cases every effort will be made to contact parents in the first instance so long as time allows
- 3 I understand that Eagle International School reserves the right to ask for my child to be returned home if any emotional or medical issues arise
4. Breaches of Discipline: Students will be sent home, for breaches of discipline or for unacceptable behaviour. Parents will be contacted by the School and asked to arrange transport for their son/daughter to be brought home, at their own cost. Written explanations will be given to parents, usually by e.mail. In such cases no monies will be refunded. EIS will mediate between the Court and any student involved in a Court Order but will not pay fines or stand bail.
5. I agree to my child having, short periods of, unsupervised free time during the Excursion / Activity Programme for certain periods (within the School Curfew time) in the evenings and at weekends.

LETTER OF CONSENT FROM PARENT/GUARDIAN

Student Name: _____ **Male/Female:** _____

Date of Birth: _____

Nationality: _____

This student is travelling from: (Name of Country) _____

This student is travelling to Poole Dorset UK.

School Name: EAGLE INTERNATIONAL SCHOOL

**School Address: Eagle International School
Salterns Rd. Lower Parkstone Poole BH148BJ**

School Tel. No: 01202 745175 - Mobile for emergency calls only 07812601084

Course Name: Junior Vacation Course Dates: _____

****NAME OF PARENTS/GUARDIANS:** _____

****PARENTS /GUARDIANS' ADDRESS** _____
(During the period of the Course in Poole)

PARENTS/GUARDIANS' TEL. NO _____
(during the period of the Course in Poole)

**CONSENT - Please return to EAGLE INTERNATIONAL SCHOOL OR TO
THE EAGLE INTERNATIONAL SCHOOL REPRESENTATIVE.**

Having read the information provided, I agree to my child taking part in the Eagle International School Programme.

Parent/Guardian Name _____

Home Address _____

Home Tel. No. _____

Signed _____ Date _____

Parent/Guardian.

Please retain your own copy of this consent form for your records